

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17927
Registrar's No. 409

FILED JUN 3 1948

Registration District No. 28

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: D Burge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 hours
(Specify whether years, months or days)
In this community 5 hours

3. (a) PRINT FULL NAME

Treva Mae Williams

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased April - 13 1943
(Month) (Day) (Year)

8. AGE: Years 0 Months 1 Days 5 If less than one day x hr. y min.

9. Birthplace Webster County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business x

MOTHER FATHER { 12. Name Ray Williams
13. Birthplace Douglas Co. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary Pruett
15. Birthplace Douglas Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ray Williams
(b) Address Conway, Mo.

17. (a) Burial (b) Date thereof 5-20-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Douglas Cem

18. (a) Signature of funeral director W. J. Jamney
(b) Address Marion, Mo.

19. (a) 5-20-43 (b) or W. J. Jamney
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster
(c) City or town Rural -
(If outside city or town limits, write "RURAL")
(d) Street No. Washington Township
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country x

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18
year 1943 hour 9:20 minute A.M.

21. I hereby certify that I attended the deceased from 5-18 1943 to 5-18-43, 1943
that I last saw her alive on 5-18-43, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia
Duration 2d

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury _____

23. Signature W. J. Jamney (M. D. or other) _____
Address Springfield, Mo. Date signed 5-19-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3312

P. O. Address.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 409

1. PLACE OF DEATH:

(a) County Shelby
(b) City or town Springfield
(c) Name of hospital or institution Burge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 hrs.
(Specify whether years, months or days) 0 hrs.

3. (a) PRINT FULL NAME Jeva Mae Williams

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex F 5. Color or race N 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 13 years

7. Birth date of deceased April 13
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day min.

9. Birthplace Wright, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Year Hour Minute M.

21. I hereby certify that I attended the deceased from 19.....
that I saw him/her alive on 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death broncho pneumonia Duration 29

This was broncho pneumonia as written above. Understood by all doctors and staff here. Due to that this was a standard terminalology as was on back covered by death certificate. Blank hinder.

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy 107

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(b) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place) (c) Means of injury

23. Signature (M. D. or other)
Address Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

S-17927